

Employee Number _____



2016 Summer Employee Application Municipal Civil Service Commission

The Federal and State laws prohibit discrimination in employment because of race, color, religion, national origin, sex, age handicap, marital status or veteran status.

DIRECTIONS: Please complete this application,
answer all questions and sign.

Return this completed application to:

City of Binghamton Parks Department
(Office Hours: 9:15am to 4:45pm)
3rd Floor, City Hall
38 Hawley Street
Binghamton, NY 13901

T-Shirt size: (choose one)

SM MD LG X-LG

Lifeguards -
Women's suit
Range: 22-44
Size _____

Lifeguards – Men's Trunks:
(choose one)

SM MD LG X-LG

2016 Summer Application Deadline – April 29, 2016

***** All employees of the City of Binghamton are required to live within the City limits *****

1. Circle position for which you are applying: Lifeguard, Laborer, Carousel, Summer Fun, Tennis, Park Ranger,

2. DATE: _____ Safety Town, Other:

3. NAME: _____

4. ADDRESS: _____

5. TELEPHONE: (home) _____ (cell) _____.

6. E-MAIL ADDRESS: _____

7. SOCIAL SECURITY NUMBER _____

8. How long have you lived in Binghamton? Year (s) _____ Month (s) _____

9. Are you 18 years of age or older? Yes No Date of Birth: _____

10. Have you ever been convicted of a crime? Yes No

If "yes", state nature offense: _____

Date: _____ Place: _____

Court Name and Address: _____

Use additional space if necessary: _____

(Note: Conviction will not necessarily bar applicant from employment)

11. Are you a veteran of the U.S. Military?

Yes No Dates: _____ Branch: _____

12. Are you a U. S. Citizen? Yes No If "no" state type of visa _____

13. If a motor vehicle license is required for a position, please note the N.Y. License Class you presently possess:_____

14. Record of Education

School	Name/Address of School	Course of Study	Years Completed	List diploma/degree
High School				
College				
Other				

15. Work Experience

List below all present and past employment, beginning with your most recent.

Name & Address	Start Date	Stop Date	Describe work you did	Salary	Reason for leaving
				Start:	
				Final:	
Telephone			Supervisor's Name		

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I hereby certify that all statements made by me in answer to the questions contained in this application are correct to the best of my knowledge and recollection. Permission is hereby granted to solicit and investigate statements from any person or organization with regard to my personal history and prior employment.

I understand that inclusion of any false information may be cause for disqualification of subsequent release from employment. If employed, I will conscientiously abide by all the rules and conditions of employment.

Signature: _____

Date: _____